24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

SCHEDULE E)	PAGE 1 OF 2 FOR SE OF FORM 24/48
NAME OF COMMITTE (In Full)	FEC IDENTIFICATION NUMBER ▼
New Prosperity Foundation; The	C C00488494
	O constant
Check If 24-hour report 48-hour report New report Amends report filed on	M / D D / Y Y Y Y Y
Full Name (Last, First, Middle Initial) of Payee XPS Professional Services Date	
Mailing Address	02 20 2012
Suite 200 Mailing Address 220 E Adams St Suite 200 Amour	nt
City State Zip Code	
Springfield IL 62701	250.00 ction ID : SE.4495
Purpose of Expenditure Radio Ad Prodcution Category/ Type Office Sough	
Name of Federal Candidate Supported or Opposed by Expenditure:	President ———
ROBERT JAMES MR. DOLD JR. Check One:	Support Oppose
15525 00 2012	nt For: Primary General
Full Name (Last, First, Middle Initial) of Payee Date	
XPS Professional Services	000 / Y Y Y Y Y
Mailing Address 220 E Adams St	02 20 2012
Suite 200 Amour	nt
City State Zip Code Springfield IL 62701	15275.00
Purpose of Expenditure Category/ Office Sough	ction ID : SE.4496 nt: House State: IL
Radio Advertising Type	Senate District: 10
Name of Federal Candidate Supported or Opposed by Expenditure:	President Onnes
ROBERT JAMES MR. DOLD JR. Check One:	Support Oppose
15525 00 2012	nt For: Primary General her (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	15525.00
(a) SOBTOTAL of Remized independent Experiditures	15525.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	7 1 7 1 7 1
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	
Gregory Baise [Electronically Filed] Date 02	22 2012
Signature	